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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/884,349 06/18/2001 PAT 6,676,658 which is a CON of 09/238,965 01/27/1999 PAT 6,659,105  
 and is a CIP of 09/159,467 09/23/1998 PAT 6,261,241  
 which is a CIP of 09/057,303 04/08/1998 PAT 6,331,166  
 and said 09/884,349 06/18/2001  
 is a CIP of 09/146,185 09/01/1998 PAT 6,540,693  
 which is a CIP of 09/057,303 04/08/1998 PAT 6,331,166  
 and said 09/884,349 06/18/2001  
 is a CIP of 09/208,535 12/09/1998 PAT 6,344,026  
 which is a CIP of 09/057,303 04/08/1998 PAT 6,331,166

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/15/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

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## TITLE

Tissue specimen isolating and damaging device and method

<b>FILING FEE RECEIVED</b> 550	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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